

MENTAL HEALTH SERVICES ACT (MHSA)

PROPOSED GUIDELINES

for the

INNOVATION COMPONENT

of the

**COUNTY'S THREE-YEAR PROGRAM AND
EXPENDITURE PLAN**

Fiscal Years 2008/09 and 2009/10

October 2008

TABLE OF CONTENTS

PART I: BACKGROUND	3
PART II: COMMUNITY PROGRAM PLANNING PROCESS AND LOCAL REVIEW	3
COMMUNITY PROGRAM PLANNING PROCESS	3
LOCAL REVIEW	4
COMMUNICATING RESULTS	4
PART III: GENERAL REQUIREMENTS FOR INNOVATION	5
VOLUNTARY PARTICIPATION BY INDIVIDUALS	5
ESSENTIAL PURPOSES TO INNOVATION	5
DEFINITION OF INNOVATION	5
SCOPE OF INNOVATION	6
TIME LIMIT	7
REPORTING	8
PART IV: INNOVATION FUNDING	9
REGIONAL COLLABORATION	9
SUSTAINING THE INNOVATION	9
NON-SUPLANT	9
COMMUNITY PARTNERING AND COLLABORATION	10
PART V: INNOVATION WORK PLAN	10
COUNTY CERTIFICATION (EXHIBIT A)	10
COMMUNITY PROGRAM PLANNING PROCESS AND LOCAL REVIEW (EXHIBIT B)	11
WORK PLAN NARRATIVE (EXHIBIT C)	11
WORK PLAN DESCRIPTION (EXHIBIT D)	12
INN PROJECTED REVENUES AND EXPENDITURES (EXHIBIT E)	12
INNOVATION FUNDING REQUEST (EXHIBIT F)	12
PART VI: SUBMISSION GUIDELINES AND WORK PLAN APPROVAL PROCESS	12
REVIEW AND APPROVAL	13
COUNTY CERTIFICATION (EXHIBIT (A)	14
COMMUNITY PROGRAM PLANNING PROCESS AND LOCAL REVIEW (EXHIBIT B)	15
WORK PLAN NARRATIVE (EXHIBIT C)	16
WORK PLAN DESCRIPTION (EXHIBIT D)	18
INNOVATION FUNDING REQUEST (EXHIBIT E)	20
INN PROJECTED REVENUES AND EXPENDITURES (EXHIBIT F)	21

PART I: Background

Welfare and Institutions Code (WIC), Division 5, Part 3.2, Section 5830 provides for the use of Mental Health Services Act (MHSA) funds for innovative programs. The Department of Mental Health (DMH) has given the name “Innovation (INN)” to this component of the County’s Three-Year Program and Expenditure Plan (Three-Year Plan, Plan) for MHSA services. The activities funded under this component are also called “Innovations”. The MHSA is less specific in its directives for this component than for other components, forming an environment for the development of creative and exciting new practices/approaches in the field of mental health. Further direction is provided in the Mental Health Services Oversight and Accountability Commission’s (MHSOAC) Innovation Resource Paper (Enclosure 2) and Guiding Principles for DMH Implementation of the Mental Health Services Act. These documents can be found on the Department of Mental Health’s website ([link TBD](#)).

Innovations are novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals. The Innovation must be aligned with the General Standards identified in the Mental Health Services Act and set forth in Title 9, of the California Code of Regulations (C.C.R.), Section 3320. These guidelines provide direction with examples while maintaining the spirit of flexibility intended by the MHSA for this component.

In order to receive INN funding, the County¹ must draft an INN Work Plan (Work Plan) and submit it as part of the INN component of its Three-Year Plan. Once the County submits its first Work Plan and has an approved INN component, it can submit additional Work Plans as updates to its Three-Year Plan.

PART II: Community Program Planning Process and Local Review

Community Program Planning Process

The process undertaken by Counties in developing the various components of the Three-Year Plan provides an essential foundation for transformative Innovation planning. Innovations must be developed in accordance with the Community Program Planning Process (CPP Process) set forth in Title 9, C.C.R. Section 3300.

If an Innovation was identified previously through the CPP Process, and stakeholders expressed support to make the Innovation the focus of a Work Plan, then no additional/separate CPP Process is required. It is also conceivable that the planning process itself may be the focus of a Work Plan.

¹ “County” means a County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or city-operated programs receiving funds per Welfare and Institutions Code Section 5701.5 (Title 9 C.C.R. Section 3200.090).

A quality CPP Process for the INN component would have the following characteristics:

- Demonstrates engagement of the leadership of the community potentially impacted by the proposed Work Plan
- Encourages culturally and linguistically competent outreach and accessibility that results in the inclusion of diverse stakeholders, including current and potential clients, their families and caregivers; people who are unserved and underserved by the mental health system; and service providers or other representatives to unserved communities
- Conducts planning sessions and meetings in convenient, community-based settings
- Conducts a fair, inclusive, respectful and effective process to facilitate community input, from unserved and underserved individuals of diverse backgrounds (racial, ethnic, language, age, tribal affiliations, mobility, lesbian, gay, bisexual, transgendered, etc); and
- Incorporates community strengths in solutions to challenges
- Demonstrates inclusion of representatives of the community who are impacted by the proposed Work Plan

Local Review

Consistent with MHSA requirements in WIC Sections 5848(a) and (b) and Title 9, C.C.R. Sections 3300 and 3315, the INN component of the County's Three-Year Plan shall be developed with local stakeholders and made available in draft form and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the documents. Pursuant to WIC Section 5848(b) and Title 9, C.C.R. Section 3315(a)(2), the local Mental Health Board shall conduct a public hearing on the first INN component of the Three-Year Plan, as well as on subsequent Three-Year Plans. The County shall submit a summary and analysis of any substantive revisions made to the INN component of its Three-Year Plan as a result of stakeholder input.

Once the County has an approved INN component, it may propose changes to existing approved Work Plans or add new Work Plans by submitting an update to its Three-Year Plan. While the update is subject to the above CPP Process and local 30-day review requirements, it does not require public hearing.

Communicating Results

Communicating the findings from any Innovation is important to transforming the mental health system. Counties and communities are encouraged to be creative as to how to best communicate the results and lessons learned from the INN work plan. Examples of possibilities for maximizing learning opportunities from the Innovation include holding follow-up stakeholder/community meetings, participating in statewide or regional forums, developing a manual or other medium that describes the Innovation in sufficient detail to allow others to replicate or adapt the practice/approach, reporting to other

counties, DMH and the MHSAAC at statewide meetings, and/or contributing to national forums.

PART III: General Requirements for Innovation

The following six sections describe general requirements of all INN Work Plans.

Voluntary Participation by Individuals

Work Plans must be designed for voluntary participation. No person should be denied access based solely on his/her voluntary or involuntary status.

Essential Purposes to Innovation

The MHSA, Part 3.2 Innovative Programs, Section 5830 (a)(1)-(4), specifies that funds for Innovation are to be used for the following purposes:

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

Counties must select one or more of these purposes for each Work Plan. The selected purpose(s) will be the key focus for learning and change for the Work Plan.

Definition of Innovation

An Innovation is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to “try out” new approaches that can inform current and future practices/approaches in communities, an Innovation contributes to learning in one or more of the following ways:

- Introduces new mental health practices/approaches that have never been done before, or
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
- Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings

To clarify, a practice/approach that has been successful in one community mental health setting cannot be funded as a Work Plan in a different community even if the practice/approach is new to that community, unless it is changed in a way that contributes to the learning process. Merely addressing an unmet need is not sufficient to receive funding under this component. By their very nature, not all Innovations will be

successful. Work Plans that have previously demonstrated their effectiveness in a mental health setting and that do not add to the learning process or move the mental health system towards the development of new practices/approaches may be eligible for funding under other components, such as CSS or PEI, rather than with INN funds.

In addition to the requirement to contribute to learning, a Work Plan supports, is consistent with and where applicable, incorporates the five General Standards set forth in Title 9, C.C.R. Section 3320:

- Wellness Focus
 - Prevent mental health problems, increases resilience and/or promotes health recovery
- Cultural Competence, as defined in Title 9, C.C.R. Section 3200.100
 - Demonstrates cultural competency and capacity to reduce disparities in mental health services and outcomes
- Community Collaboration
 - Initiates, supports and expands collaboration and linkages, especially connections with systems, organizations, healers and practitioners not traditionally defined as mental health
- Client/family-driven mental health system
 - Includes the ongoing involvement of clients and family members, including but not limited to roles in implementation, staffing, evaluation and dissemination
- Integrated Service Experience
 - Encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members

Scope of Innovation

Innovation(s) may impact individuals, families (self-defined), neighborhoods, tribal and other communities, counties, multiple counties, or regions. Innovation(s) initiate, support and expand collaboration and linkages, especially connections between systems, organizations, healers, and other practitioners not traditionally defined as a part of mental health. Innovation(s) may influence individuals across all life stages and all age groups, including multi-generational practices/approaches.

Innovation(s) may introduce a novel, creative, and/or ingenious approach to a variety of mental health practices, not limited to mental health services. As long as the Innovation contributes to learning and maintains alignment with the MHSA General Standards set forth in Title 9, C.C.R. Section 3320, it may affect virtually any aspect of mental health practices or assess a new application of a promising approach to solving persistent,

seemingly intractable mental health challenges. To illustrate the breadth of possibilities outside of practices/approaches currently considered part of mental health, Work Plans may impact (for example):

- Administrative/governance/organizational practices, processes or procedures
- Advocacy
- Education and training for service providers (including people not currently defined as mental health practitioners)
- Outreach, capacity building and community development
- Planning
- Policy and system development
- Prevention, early intervention
- Public education efforts
- Research
- Services and/or treatment interventions

Counties may submit INN Work Plans that add an additional element to an existing Work Plan for another component of the County's Program and Expenditure Plan.

Time Limit

By their very nature, Innovations are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy. Since Innovations take time to develop and implement, a Work Plan should be completed within a time frame that is sufficient to allow learning to occur and to demonstrate the feasibility of the Innovation being assessed.

When developing a Work Plan, Counties should consider the time needed to implement and assess the Innovation and arrive at a timeframe that is logically needed for the particular Innovation. This is not intended to fund longitudinal studies.

It is expected that Innovations will evolve and that some elements of a Work Plan might not work as originally envisioned. Such learning and adaptations are likely to be key contributions of Innovations. If the County and its stakeholders (community impacted by the Innovation) conclude that a Work Plan is not meeting design and outcome expectations to the extent that continuation is not useful and will not add to the learning, the County may terminate the Work Plan in accordance with the contractual terms (MHSA Agreement). The County must notify DMH within 30 days of its decision to discontinue a Work Plan and provide the basis for the decision, including an explanation of how stakeholders provided input to the decision and assurance that all parties affected, including stakeholders, have been advised by public notice of the Innovation's discontinuance. In the rare instance when a Work Plan needs to be terminated immediately for legal, ethical or other risk-related reasons, the County should notify, as soon as possible, both the DMH and stakeholders of its decision and the basis for the decision.

When a Work Plan is terminated early, any unspent distributed funds should not be returned to DMH and may be used for another approved Work Plan or for a new Work Plan that is in the planning stages once it is approved. In the latter scenario, the unspent funds will be accounted for as part of the Budget Summary in the new Plan or annual update.

Reporting

The following reports are expected to be included as a part of the County's annual update or integrated Three-Year Plan:

(a) **Annual Reporting**

Counties are required to provide a brief description on the progress of each of their Work Plans in their annual update to DMH, consistent with the requirements contained in the proposed guidelines for annual updates.

(b) **Final Innovation Report**

Each County must provide to DMH and the MHSOAC a final report upon completion of the Work Plan. The final report may be included in the County's annual update or its integrated Three-Year Plan, whichever is due during the year the Work Plan is completed; the County does not have to provide a separate report. The Final Innovation Report will be posted on the DMH and MHSOAC websites for others to learn from. The final report should include:

- A brief description of the problem addressed (up to one-half page)
- A description of the Work Plan including the purpose(s) and expected outcome (up to 1 page)
- An analysis of the effectiveness of the Work Plan using the data that was collected and including the perspective of the Work Plan participants. The analysis should include at least the following information: (up to 3 pages)
 - How it impacted those who used it
 - How it contributed to learning
 - Whether the Innovation would be recommended for others to replicate, including any lessons learned in implementation, with a comment about its cost effectiveness
 - Whether the Work Plan will be continued under a different funding source: (one-half page)
 - If not, why not?
 - If yes, what is the plan for new, ongoing funding?
- A description of any reports, manuals, CDs or DVDs or videos, or other materials used to communicate lessons learned and Work Plan results

PART IV: Innovation Funding

Enclosure 4 lists each County's Planning Estimate² for the INN component.

MHSA, Section 5892 (a)(6) states:

Five percent of the total funding for each county mental health program for Parts 3, 3.6 and 4 shall be utilized for Innovative Programs pursuant to an approved plan required by Section 5830 and such funds may be distributed by the Department only after such programs have been approved by the Oversight and Accountability Commission established pursuant to Section 5845.

This component has its own Planning Estimate (Enclosure 4) and must be tracked separately from the CSS and/or PEI funding. This funding source is independent of requirements and priorities adopted for CSS and/or PEI guidelines. Up to 100% of available funding may be requested in the initial Work Plan submission for the INN component. Any remaining funds may be requested in subsequent updates expanding the initial INN Work Plan or beginning an entirely new Work Plan. INN Funding is subject to the three-year reversion requirement set forth in WIC Section 5892(h) (See DMH Information Notice 08-07).

Regional Collaboration

While regional collaboration among Counties is allowed by the MHSA, it is encouraged under Innovation. Two or more Counties can work together on a joint Work Plan. Each County will need to submit its own Work Plan as part of an INN component or update to access its Planning Estimate funds; however, the content of the Work Plans can be the same for all members of the regional collaborative and include the total budget, as well as each County's share of the budget.

Sustaining the Innovation

If an Innovation has proven to be successful and a County chooses to continue it, the Work Plan must transition to a different funding source, for instance the CSS component, the PEI component, i.e. a new Work Plan or other source of stable funding. Counties should consider integrating a successful INN Work Plan into other components when planning for the future.

Non-Supplant

According to California Code of Regulations, Title 9, Division 1, Chapter 14, Section 3410, the MHSA non-supplant requirements related to County expenditures must be met.

² "Planning Estimate" means the estimate provided by DMH to the County of the maximum amount of MHSA funding that the County can request per WIC 5898 (Title 9, C.C.R. Section 3200.250)

Community Partnering and Collaboration

It is anticipated that the Innovation will contribute to the development of collaborative partnerships, especially with organizations and systems not traditionally defined and funded as mental health.

Leveraging of resources is not required but is expected, when appropriate, to maximize the impact of a County's allocation for this component, building capacity by extending the reach and impact of the Innovation through collaboration with community partners. For the purposes of this component, the term "leveraging" is used broadly and may include, for example:

- Cash match
- Federal reimbursements in the health system
- In-kind contributions
- Use of facilities and other resources
- Time commitment to develop, implement, assess and communicate the impact of the Innovation
- "Readiness" to implement Work Plans by training staff and covering release time, creating supportive policies, etc.

Leveraging of resources is encouraged, for example, through forming partnerships outside the mental health system that broaden the scope of current mental health practice and enhance the Work Plan. Additionally, regional approaches, which are also encouraged, can leverage resources through collaboration.

PART V: Innovation Work Plan

Work Plans should include the following six Exhibits:

County Certification (Exhibit A)

Provide a signed statement by the County's mental health director that all requirements for the planning, implementation and funding of the Work Plan have been considered and will be followed, including non-supplant requirements and the CPP Process. The certification should include a statement of assurance that an individual's participation in any Work Plan is voluntary and that all the information included in the documents submitted is true and correct.

Also provide the name and contact information of the mental health director's designated point of contact for all matter related to this Innovation, along with the name of the Work Plan.

Community Program Planning Process and Local Review (Exhibit B)

Counties must provide sufficient detail documenting that the requirements of Title 9, C.C.R. Sections 3300 and 3315 were met. The documentation of the CPP and Local Review processes that were conducted shall include:

- (a) A description of the Community Program Planning Process for development of the INN Work Plan, including the methods for obtaining stakeholder input
- (b) Identification of the stakeholder entities involved in the Community Program Planning Process
- (c) The dates of the 30-day stakeholder review and public hearing including substantive comments received during the stakeholder review and public hearing and responses to those comments.

The County should indicate if no substantive comments were received. Counties should maintain copies or a log of all comments that were submitted during this process, including those submitted anonymously.

Work Plan Narrative (Exhibit C)

Please note that the County's descriptions in response to the following questions should include sufficient detail to indicate that all conditions in these guidelines have been met.

1. Indicate the purpose(s) and the basis for this selection (See Part III, 2).
2. Describe the problem that the Innovation will address, including a summary of how the Work Plan and strategies are expected to address the problem.
3. Describe the proposed Innovation including how it is aligned with the General Standards identified in the Mental Health Services Act and Title 9, C.C.R. Section 3320.
4. Describe how this innovation is new to the field of mental health and contributes to learning, consistent with one of the three approaches to learning outlined in "Definition of Innovation."
5. Indicate the timeframe within which the Innovation will operate: The County should provide a brief timeline of the expected implementation of the Innovation, including when and how the results and lessons learned will be communicated. Explain how the proposed timeframe will allow sufficient time for learning and to assess the feasibility of replication.
6. Describe how the Work Plan will be reviewed and assessed: The Work Plan should include how the proposed approach will be measured and what defines its success.

Work Plan Description (Exhibit D)

Counties are to provide a description of each proposed Work Plan including services, if applicable, to be provided and features of the Work Plan that further the goals of the MHSA. This information will be posted on the DMH website. Also if applicable, the County should provide a description of the population to be served, number of annual clients, including information about targeted age, gender, race/ethnicity and language spoken as well as situational characteristic of the population to be served for each proposed Work Plan.

Innovation Funding Request (Exhibit E)

Counties must complete an INN Funding Request worksheet to obtain funding for the component.

INN Projected Revenues and Expenditures (Exhibit F)

Provide a completed INN Projected Revenues and Expenditures.

PART VI: Submission Guidelines and Work Plan Approval Process

Counties may request MHSA INN funding through a Work Plan, which is to be submitted to DMH and the MHSOAC. Counties can submit more than one Work Plan, up to the total of the County's Innovation Planning Estimate.

One original copy should be submitted to the County Operations liaison. In addition, one hard copy and one electronic copy that is a single document in PDF format should be submitted to both the County Operations liaison and to the MHSOAC.

The address for County Operations is:

Mailing address: County Operations
Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814
Email: ccta@dmh.ca.gov

MHSOAC copies should be sent to:

Mailing Address: MHSOAC
1300 17th St., Suite 1000
Sacramento, CA 95811
Attn: Sheri Whitt
E-mail: MHSOAC@dmh.ca.gov

All Work Plans must include:

- County Certification (Exhibit A)
- Community Program Planning Process and Local Review (Exhibit B)
- Work Plan Narrative (Exhibit C)
- Work Plan Description (Exhibit D)
- Innovation Funding Request (Exhibit E)
- INN Projected Revenues and Expenditures (Exhibit F)

Final electronic versions of the exhibits may be posted on the DMH website.

Review and Approval

After receipt of a Plan or update containing a complete Work Plan by both DMH and the MHSOAC, review and comment by DMH and the approval of funds by the MHSOAC will occur within sixty days. Staff from the MHSOAC will work closely with County staff to assist with submission, identify any needed information and obtain approval of the Plan or update from the MHSOAC.

The MHSOAC Review Tool is included as Enclosure 5 for reference to provide information about the lens through which the Work Plans will be evaluated.

EXHIBIT A

MENTAL HEALTH SERVICES ACT

COUNTY CERTIFICATION INNOVATION WORK PLAN

County Name: _____

County Mental Health Director	Project Lead
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
Mailing Address:	

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (C.C.R.), Title 9, Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with C.C.R., Title 9, Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. If applicable, all participation by individuals in the proposed Work Plan is voluntary.

All documents in the attached Work Plan are true and correct.

Signature

Date

Title
Local Mental Health Director/Designee

EXHIBIT B

Description of Community Program Planning and Local Review Processes INNOVATION WORK PLAN

County Name: _____

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update.

1. Briefly describe the Community Program Planning Process for development of Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

2. Identify the stakeholder entities involved in the Community Program Planning Process.

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

Innovation Work Plan Narrative

Date: _____

County: _____

Work Plan #: _____

Work Plan Name: _____

Purpose of Proposed Work Plan (check all that apply)

- ☐ INCREASE ACCESS TO UNDERSERVED GROUPS
- ☐ INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- ☐ PROMOTE INTERAGENCY COLLABORATION
- ☐ INCREASE ACCESS TO SERVICES

Briefly explain the basis for selecting the above purpose(s).

(final format will provide remainder of this page)

Problem Addressed

Describe the problem the Work Plan will address and a brief summary of how the Work Plan is expected to address the problem.

(final format will provide space for one typed page)

Innovation Description

Define how the Work Plan supports and is consistent with the General Standards identified in the MHSA and Title 9, C.C.R. Section 3320 and will create positive change for mental health in the County.

(final format will provide space for one typed page)

Contribution to Learning

Describe how the Innovation is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts.

(final format will provide space for one typed page)

Timeline

Outline the timeframe within which the Innovation work plan will operate and a brief timeline of the expected implementation, and completion, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication.

(final format will provide space for one typed page)

Innovation Work Plan Narrative

Program Measurement

Describe how the Work Plan will be reviewed and assessed including how the proposed approach will be measured and what defines its success.

(final format will provide space for two typed pages)

Communicating Results

Describe how the impact of the Work Plan will be communicated back to the community.

(final format will provide space for one typed page)

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

(final format will provide space for one typed page)

DRAFT

EXHIBIT D

Mental Health Services Act Innovation Work Plan Description

County Name

Annual Number of Clients to Be Served
(If Applicable)

Work Plan Name

_____ Total

Population to Be Served (if applicable)

Work Plan Description

EXHIBIT E

Instructions for Preparing the FY 2009/10 Mental Health Services Act Innovation Funding Request

Counties should complete the FY 2009/10 Mental Health Services Act (MHSA) Innovation Funding Request worksheet to obtain funding for the Innovation component under the MHSA. Below are the specific instructions for preparing the MHSA Innovation Funding Request worksheet.

General Instructions:

Round all expenditures to the nearest whole dollar.

Heading Instructions:

Enter the County name and the date the worksheet is prepared. Revisions will be made to documents and maintaining the correct preparation date is critical for identifying the most recent submittal.

Line Item Instructions:

Lines 1 through 25 - Individual Work Plans

Enter the Work Plan number and name. Only existing approved Innovation Work Plans may be included with the FY 2009/10 Annual Update. Enter the proposed MHSA budget amounts in the relevant columns for each age group(s). Add additional lines if necessary.

26. Subtotal: Work Plans

This is automatically calculated as the sum of lines 1 through 25.

27. County Administration

Enter the total County administrative costs for Innovation. Contract providers and other County governmental organizations with management and support costs should show those budgeted expenditures in the relevant Innovation Work Plan funding request.

28. Optional 10% Operating Reserve

Counties may request up to 10% of the Work Plan and Administration funding for an operating reserve. Line 28 should not exceed 10% of line 26 and 27.

29. Total MHSA Funds Required for Innovation

This amount is automatically calculated as the sum of lines 26 through 28. This reflects the amount of funding requested for the Innovation component under the MHSA. Include this amount on line B1 of Exhibit E - MHSA Summary Funding Request worksheet.

EXHIBIT E

Mental Health Services Act Innovation Funding Request

County: _____

Date: _____

Innovation Work Plans			FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name	Children, Youth, Families		Transition Age Youth	Adult	Older Adult	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.	Subtotal: Work Plans		\$0	\$0	\$0	\$0	\$0
27.	Plus County Administration						
28.	Plus Optional 10% Operating Reserve						
29.	Total MHSA Funds Required for Innovation		\$0				

EXHIBIT F

INN Projected Revenue and Expenditure Worksheet

County: _____

Fiscal Year: 2009/10

Work Plan #: _____

Work Plan Name: _____

New Work Plan ☐

Expansion ☐

Months of Operation: _____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$0	\$0	\$0	\$0
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				\$0
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
d. Total New Revenue				\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$0	\$0	\$0	\$0

Prepared by: _____

Date: _____

Telephone Number: _____